tinder the Reprivers Regulation Act of 1905, he persons are required to re-

POWER OF ATTORNEY
OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY

CHANGE OF CORRESPONDENCE ADDRESS

| Application Number       | 09/931 550                                  |  |  |
|--------------------------|---|--|--|
| Filling Date             | 2001-08-16                                  |  |  |
| First Named Inventor     | Steven Dale Goodman                         |  |  |
| Title                    | System Management Interrupt Generation Upon |  |  |
| Art Unii                 | 2434  |  |  |
| Examiner Name            | Jacob Lipman                                |  |  |
| Attenue on Decket Monthe | 898930010042                                |  |  |

| I hereby revoke al                                       | previous powers of attorney given in  | n the above⇒de                          | ntified application  |  |  |
|--|---|---|--|--|--|
| GR<br>  Number as my<br>identified above                 | ones is submitted harewith.  It Practisioner(s) associated with the tollowing four attorney(s) or agent(s) to prosecute the air, and to transact all businesses in the United St. Office conterped therewith.   | pplication                              | 63203  |  |  |
| I hereby appoin  | nt Practitioner(s) named below as mylour offor<br>rosmess in the Uruaid States Patem and Trade  |   | to prosecute the application identified above, and code therewith  |  |  |
|  | Pracmioner(s) Name  |   | Registration Number  |  |  |
| La ( 2) See or permit                                    | CONTRACTOR OF THE STATE OF THE | ma(a minustrace - var                   | (a)))) (a) (a) (a) (a) (a) (a) (a) (a) (   |  |  |
|  | je Lease Olimpia  |   | Andrews - Commence - Commence  |  |  |
|  | - laster out inventors  |   | ***************************************  |  |  |
|  |   | *************************************** |  |  |  |
|  | - inches  |   | A William - Samuel and the configuration of  |  |  |
| 4000   | or change the correspondence addre  |   | e-identified application to  |  |  |
| (2.2)  | sociated with the above mentioned Customer  | Number                                  | and the second s |  |  |
| OR   |   |   |  |  |  |
| The address as   | sociated with Custamer Number   |   |  |  |  |
| OR   | innum   |   |  |  |  |
| Fum or Indeed sal Name                                   |   |   |  |  |  |
| Applear  |   |   | the second of th |  |  |
|  |   |   |  |  |  |
| Ofte   |   | State                                   | Zo!  |  |  |
| Country  | (m) A #81m  |   | 4  |  |  |
| Telephone  | 000 100 100 1 1 1 2 1 1 1 1 1 1 1 1 1 1   | Email                                   |  |  |  |
|  | ord of the entire interest. See 37 CFR 3.71   |   |  |  |  |
| (Ca) Biplemish unde                                      | 37 CFR 3 73(b) (Form PTCF5B/96) submitte  |   |  |  |  |
|  | SIGNATURE of Applic   | ant or Assignee                         | may a compression of mylogography of Designation of  |  |  |
| Signature  | 1-81-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-   |   | Date C// 2010  |  |  |
| Systems:   | Scott W. Reid   |   | Telephone 916-244-0612   |  |  |
|  | Lenovo US, IP Counsel   |   | ***  |  |  |
| NOTE Signatures of abition<br>segment of the bound see t |   | rest ut their represent                 | offse(s) are required. Sciomit multiple forms if more than one   |  |  |
| No Town of   | forms are sultimitted   |   |  |  |  |

This paper of a degree part is required by \$1 CFF 1.1, 15 and 15.3 The information is required to obtain or relate is better the price public where it is better and be for the public where it is better and be for the public where it is better and the price public where it is better and the price public where it is better to conduct a required public public where it is better to conduct a required public p